

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|--|---|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: 9 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI MS. Emma | | OFFICE USE ONLY Date Received 2013 JUL 15 CITY CLERK DEPT. |
| | NICKNAME LAST SUFFIX Acosta | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8904 WH Burges El Paso, Tx 79925 | | Date Hand-delivered or Postmarked |
| | 5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION 915 731-2000 | | Receipt # Amount 21 \$: 15 |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI MRS Enriquez | | Date Processed |
| | NICKNAME LAST SUFFIX Queta Fierro | | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8612 Whitus El Paso 79925 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (915) 539-1710 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 05 / 04 / 2013 07 / 15 / 2013 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 05 / 11 / 2013 | | |
| 12 OFFICE | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) City Rep Dist 3 | | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Emma Acosta

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pagesCITY CLERK DEPT.
2013 JUL 15 PM 5:1517 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,211.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 3,211.00

4. TOTAL POLITICAL EXPENDITURES

\$ 6,456.39

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

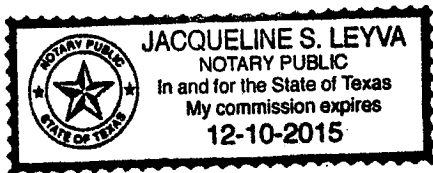
\$ 3,010.57

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3,994.25

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Emma Acosta

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Emma Acosta, this the 15th day of July, 20 13, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva

Signature of officer administering oath

Jacqueline S. Leyva

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Emma Arostua

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/29/2013

5 Full name of contributor

☐ out-of-state PAC (ID#)

El Paso Police Officers Assoc

7 Amount of contribution (\$)

2,500⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

El Paso, TX 79901

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/3/2013

Full name of contributor

☐ out-of-state PAC (ID#)

Carol Robinson

Amount of contribution (\$)

211⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

El Paso TX

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/3/2013

Full name of contributor

☐ out-of-state PAC (ID#)

Corey Licon

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

El Paso TX

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|-------------|
| 1 Total pages Schedule F: | | 2 FILER NAME <i>Emina Arosta</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>7/10</i> | | 5 Payee name <i>El Paso Demo Party</i> | | | |
| 6 Amount (\$) <i>2500</i> | | 7 Payee address; City; State; Zip Code <i>El Paso Tx</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) | | (b) Description (If travel outside of Texas, complete Schedule T) <i>Contribution</i> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>7/1</i> | | Payee name <i>Emina Arosta</i> | | | |
| Amount (\$) <i>2000.00</i> | | Payee address; City; State; Zip Code <i>El Paso, Tx</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) <i>Loan Payment</i> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>7/1</i> | | Payee name <i>Evolve Credit Union</i> | | | |
| Amount (\$) <i>\$1,460.70</i> | | Payee address; City; State; Zip Code <i>El Paso, Tx</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) <i>Loan Payments</i> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CITY CLERK DEPT.
2013 JUL 15 PM 5:15

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|---|-------------|
| 1 Total pages Schedule F: | | 2 FILER NAME Emma Austra | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 5/11 | | 5 Payee name CASH | | | |
| 6 Amount (\$) 166⁰⁰ | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| | | | | Pay For Volunteers | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 5/12/13 | | Payee name Walgreens | | | |
| Amount (\$) 81.61 | | Payee address; City; State; Zip Code El Paso, TX | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| | | | | Snacks + cokes for Volunteers | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 5/15 | | Payee name Denny's | | | |
| Amount (\$) 24.57 | | Payee address; City; State; Zip Code El Paso TX 79905 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| | | | | Meeting | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 5/25 | | Payee name Home Depot | | | |
| Amount (\$) 230.82 | | Payee address; City; State; Zip Code 11360 Rojas 799 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| | | | | Various Sign Supplies | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CITY CLERK DEPT.
2013 JUL 15 PM 5:45

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|---|--|
| 1 Total pages Schedule F: | | 2 FILER NAME <i>Emma Rostra</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>5/26</i> | | 5 Payee name <i>Cash</i> | | | |
| 6 Amount (\$) <i>120⁰⁰</i> | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| | | | | <i>Pay Volunteers</i> | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>5/29</i> | | Payee name <i>CASH</i> | | | |
| Amount (\$) <i>240⁰⁰</i> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| | | | | <i>Pay Volunteers</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>5/30</i> | | Payee name <i>CASH</i> | | | |
| Amount (\$) <i>160⁰⁰</i> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| | | | | <i>Pay Volunteers</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>6/2</i> | | Payee name <i>Cable Barron</i> | | | |
| Amount (\$) <i>29.89</i> | | Payee address; City; State; Zip Code | | | |
| | | <i>El Paso, Tx</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| | | | | <i>meeting</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

CITY CLERK DEPT.
2013 JUL 15 PM 5:15

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|-------------|
| 1 Total pages Schedule F: | | 2 FILER NAME <i>Emma Hrosta</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>6/5/2013</i> | | 5 Payee name <i>Lizette Saucedo</i> | | | |
| 6 Amount (\$) <i>650⁰⁰</i> | | 7 Payee address; City; State; Zip Code <i>El Paso, TX</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) | | (b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Mgt</i> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>6/7</i> | | Payee name <i>Lizette Saucedo</i> | | | |
| Amount (\$) <i>500⁰⁰</i> | | Payee address; City; State; Zip Code <i>El Paso TX</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) <i>Campaign Mgt</i> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>6/8</i> | | Payee name <i>Shell Service Station</i> | | | |
| Amount (\$) <i>56.70</i> | | Payee address; City; State; Zip Code <i>El Paso 79925</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) <i>COAS</i> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>6/6</i> | | Payee name <i>Los Coloxines</i> | | | |
| Amount (\$) <i>34.75</i> | | Payee address; City; State; Zip Code <i>El Paso, TX</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) <i>Meeting</i> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

2013 JUL 15 PM 5:15
 CLERK DEPT.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 Total pages Schedule F: <u>6/10</u> | | 2 FILER NAME: <u>Emin H Acosta</u> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | | 5 Payee name: <u>KIFC</u> | | | |
| 6 Amount (\$): <u>32.45</u> | | 7 Payee address; City; State; Zip Code: <u>El Paso, TX</u> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) | | (b) Description (If travel outside of Texas, complete Schedule T): <u>Meeting</u> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date: <u>6/10</u> | | Payee name: <u>Oscar Leesa Company</u> | | | |
| Amount (\$): <u>100.00</u> | | Payee address; City; State; Zip Code: <u>El Paso, TX</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T): <u>Contribution</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date: <u>6/12</u> | | Payee name: <u>Lilly Limon Campaign</u> | | | |
| Amount (\$): <u>100.00</u> | | Payee address; City; State; Zip Code: <u>El Paso, TX</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T): <u>Contribution</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date: <u>6/12</u> | | Payee name: <u>Lilly Limon Campaign</u> | | | |
| Amount (\$): <u>140.00</u> | | Payee address; City; State; Zip Code: <u>El Paso, TX</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T): <u>Contribution</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|-------------|
| 1 Total pages Schedule F: | | 2 FILER NAME <i>Emma Austin</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>6/11</i> | | 5 Payee name <i>Abou 7-11</i> | | | |
| 6 Amount (\$) <i>65.00</i> | | 7 Payee address; City; State; Zip Code <i>EL PASO</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) | | (b) Description (If travel outside of Texas, complete Schedule T) <i>GAS</i> | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>6/15</i> | | Payee name <i>DOMINOS</i> | | | |
| Amount (\$) <i>79.64</i> | | Payee address; City; State; Zip Code <i>EL PASO, TX</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) <i>meeting</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>6/17</i> | | Payee name <i>Cafe Central</i> | | | |
| Amount (\$) <i>131.26</i> | | Payee address; City; State; Zip Code <i>EL PASO TX</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) <i>meeting</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>6/20/2013</i> | | Payee name <i>Hector "El Pipo" BARRAZA</i> | | | |
| Amount (\$) <i>100.00</i> | | Payee address; City; State; Zip Code <i>EL PASO TX</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) <i>Contribution</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

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